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THE VALUE OF SOCIAL WORK TO THE HOSPITAL.*

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Before discussing the value of Social Work to the hospital, let us consider for a moment the functions of a great hospital like the Toronto General. The most obvious mission for such an institution to perform is, of course, care of the sick. Associated, however, with this main object there are other important obligations. The hospital must be a training school for nurses, doctors and social workers. It must provide facilities for original research in the various departments of medicine, so as to perform its share in pushing forward the confines of medical knowledge. Its last, but by no means least, function is to act as an inspirational centre for the diffusion of knowledge to the community at large concerning the prevention of disease.

I wish to draw your attention this evening to the value of social work in the hospital with regard to two of these hospital functions—First, the care of the sick, and second, the prevention of disease.

First of all, what can the social worker do in relation to the sick? The cure of disease depends in many instances on an early diagnosis. Take, for instance, cancer. By surgical means working together with electro and radium therapy, cancer, in many locations, can be eradicated. Cancer, however, after it has given rise to secondary growths in various parts of the body, is generally incurable. So that there is this watchword in connection with this disease—Begin treatment at an early date. Now there are many diseases of this nature where an early diagnosis makes a cure within the range at least of probability. Tuberculosis here suggests itself as belonging to this category. Mental disease, if caught in the very early stages, can be helped to a much greater extent than if the diagnosis and treatment are delayed. And so we see in cancer, tuberculosis, mental disease and a host of other conditions that an early diagnosis is of supreme importance in making cure possible.

What is the concern of the Social Worker in this connection? I look on the hospital Social Worker as the connecting link between the

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hospital and the home. She is an educational force and, being cognizant of the early symptoms of the serious diseases, can diffuse this knowledge in the proper quarters. When in the home—and her work is continually taking her there—she is on the lookout for signs of disease, and she can also, in cases where her suspicion is aroused, tell individuals what signs of disease should immediately awaken concern and take them to the hospital. It seems to me that the general public is entirely too ignorant concerning the early manifestations of serious diseases. Education is needed through the school, the press, the municipal department of health, the physician, the nurse and the social worker. Do not misunderstand me. I do not mean that a social worker or a nurse should make a diagnosis—that falls to the physician. She should, however, have sufficient knowledge concerning disease intelligently to suspect certain diseases.

Right here I would like to say a word with regard to the value of special work for the social worker. If a social worker is connected with one clinic, her influence is, to my mind, increased. In connection with the early diagnosis of diseased conditions, the special social worker becomes, in connection with her clinic, conversant with the causes, symptoms and treatment of various conditions met with in that clinic. This particular worker in the field is unconsciously on the lookout for individuals suffering from diseases she is most familiar with. I therefore believe in giving the social worker a special field rather than trying to make her a jack-of-all-trades, which results, as the proverb runs, in the mastery of none.

We now come to the diagnosis of disease, and see wherein the social worker can be of assistance to the physician. Many patients appear at the outdoor department where a knowledge of home conditions would greatly help the physician in charge of the clinic in arriving at a correct diagnosis. In cases of suspected mental abnormality this is particularly true. In connection with the clinic for the feeble-minded, Miss Clarke's reports concerning home conditions, family and personal history, are most valuable in making a diagnosis. A family history can, for instance, in many cases, be traced back far more readily at the patient's home than in a clinic, where the informant is more or less nervous and forgetful. In connection with the personal history, data regarding habits, general behavior, etc., can often be better elucidated at home than in the clinic. While this home investigation applies particularly to the elucidation of mental conditions, it would also apply, it seems to me, to the obstetrical department, to the tuberculosis clinic, and to the other sections in a somewhat lesser degree.

Now let us consider the role of the social worker in the treatment of disease. In the first place the hospital physician is not called in to treat disease, but to treat sick patients. I consider the distinction an

important one. A friend of mine in the profession some few years ago contracted tuberculosis of the lungs. He gave up his city practice and went to a well-known American sanitarium. At the end of two years he came back to Toronto apparently cured, and is again conducting an active medical practice. I asked this friend concerning his experiences while away, and questioned him particularly concerning his own mental attitude during his illness. He said that the most outstanding remembrance he had was the almost cruel, mechanical way in which he was treated by the physicians in charge of his case. He said that they treated him as if he was so much living protoplasm devoid of personality, but possessing one point of interest, and that was the fact that he was infected with tubercle bacilli. With forced feeding, fresh air and tuberculin they attacked him, thinking only of the diseased process in his lungs. This friend told me that his physicians ignored the fact that he was suffering from a most acute attack of depression and pessimism. He said in the early stage of his disease he had not so rearranged his philosophy that he could calmly accept the thought that he was consumptive, and all that that meant to his ambition in life, his family and his other affairs. He said that he felt the need, not only of tuberculin, fresh air, etc., but also a little human sympathy, a friendly attempt on the part of his attendants to cheer him up, to give him, in other words, a little psycho-therapy. This needed mental treatment did finally come to him from a physician who was more than a technician—a plumber is that—but a big-hearted man as well.

And so, in the treatment of sick patients, the social worker can help the physician in keeping in mind that personal element. When, for instance, a social worker gives the physician a report about home conditions, personal and family history, the clinician is much more likely to take an active interest in the patient's real self, the patient's personality. The social worker, on her own part, can also give that moral encouragement so helpful in many cases.

But the social worker can do a great deal more than give moral support in the treatment of disease. In the case of outdoor patients, she can see that treatment is being intelligently carried out in the home. The days have passed, never to return, when a physician's obligation to the patient stops with the giving of a bottle of medicine. Even advice given at the time is not sufficient, because so often the patient does not thoroughly understand exactly what the physician's instructions mean. And as I see it, the social worker here is the strong arm of the therapeutic system. She sees the patient in the home and can, by demonstration, which is the best possible form of instruction, show the patient just how to carry out the physician's orders. In cases of tuberculosis by this demonstration the social worker in showing how to ventilate rooms, how to prepare food, how to avoid infection, in

short, how to carry out the whole system of hygiene, has proven herself to be an invaluable asset to the tuberculosis clinic.

In the obstetrical department the same can be said with equal force. The social worker who, by the way, is supported by this association, is doing a medical and social work that cannot be valued in the dollars and cents that you so freely give. The number of mothers' and infants' lives that such a nurse as Miss Kniseley saves in the course of a year, and the illnesses that she is instrumental in preventing, is a splendid example of what a specialized worker can do in connection with the hospital. Miss Kniseley's work consists not only in seeing that the physical is looked after, but in the moral field her influence is most marked. Poor, unfortunate girls in the past got rid of their babies as soon as possible by adoption and, thus freed from their responsibility, fell again into lax moral habits. The social work in this department sees to it that mother and child are kept together. This not only is a splendid thing for the child, but acts as a prophylactic for the mother. I must admit that the physician has a lot to learn from the social worker in the proper handling of these cases of illegitimate births. In my own case I have been converted to the social worker's point of view. I will own up to the fact that heretofore I have always tried to free the mother from the child, with the idea of letting the mother start up anew unencumbered by an infant. This works out in theory, but I understand from the vast amount of experience of the social work in the Burnside Department that it does not work out in practice.

Let us return to the role of the social worker in the treatment of the sick. In the treatment of such a disease as heart trouble, we can readily see how important is the influence of the social worker in the home in seeing to it that the patient does not try to perform physical labor that is of too strenuous a nature. Suitable treatment in many cases would be rendered almost impossible by poverty, bad home conditions, etc. The social worker of the hospital, working in harmony with various social centres, is in a position to bring financial assistance when such is necessary, is in a position to improve the environment.

In fact, when I view the social end of the treatment of disease, I wonder how in the world a hospital can legitimately get along without it. I am also forced to the conclusion that in the past, when there was no such department, the work of the hospital must have been much less efficient than it is at present.

So much for the sick. We have seen that the social worker may be instrumental in getting the patient to the hospital before disease has secured a strong foothold. We have observed that in the diagnosis and treatment she has an exceedingly important role. How about the prevention of disease? Has she a part to play here? The mere raising of

the question immediately suggests the answer. Let us direct our attention for a moment to the prevention of disease. What is the status of preventive medicine? The press and medical literature are full of the details of the progress of this, the greatest branch of medical science. It is now well known to almost everybody that practically every disease can be prevented. Let us see how this has come about, and ascertain if the facts of preventive medicine are in the hands of the general public; for, if these facts are reserved for a few in the medical profession, and not widely disseminated, we would be in just as bad a position as if the facts were unknown. If the general public is ignorant let us see how it can be enlightened.

To understand the situation, let us recall for a moment certain stages in the history of medicine. In the early days very little was known concerning the cause and progress of disease. All that a physician could do was to relieve some of the prominent symptoms. He could relieve pain, not by getting rid of the cause, but only by masking the symptom. As time went on, and physicians studied disease processes, they found, in some instances, sequences and facts that led them to introduce therapeutic measures, or modes of treatment that enabled them to control to some extent the progress of disease. In certain diseases, however, as for instance malaria, a cure was hit upon by chance. Cinchona bark, from which is extracted quinine, was found to be good treatment for malaria, although the reason for this was unknown, and was not discovered, in fact, until quite recent times, when the part mosquitoes play in the spread of malaria was discovered. But for the most part treatment of disease kept pace with the scientific findings in the study of disease processes.

At the present day a vast array of facts has been accumulated concerning disease. From the standpoint of cure, however, these facts have not led to the hoped-for results. We know, for instance, the causal factor of typhoid fever. It is due, as you are well aware, to a certain germ designated the typhoid bacillus. We know how the germ gains entrance to the body through infected drinking water. We realize that this germ causes the formation of ulcers in the intestine and that poisons are propagated that cause fever and the various disturbances found in a case of typhoid. We know that the typhoid patient manufactures in his own tissues certain substances that counteract the typhoid poison. Knowing all these facts has not given us, however, a satisfactory method of treating typhoid. As you are well aware, we cannot cut short an attack of typhoid to any considerable extent, in other words, it generally runs its course.

And so one could recite the various diseases with which we are most familiar—pneumonia, scarlet fever, pernicious anaemia, certain forms of insanity, cancer, etc. In all of these the physician has no spe-

cific treatment that holds out any great assurance of a cure. It is true that there are many diseases that can be handled therapeutically. Take, for instance, syphilis, diphtheria, malaria, tuberculosis in the early stages, and a few others. But when all is said and done, the diseases over which we have a fairly good therapeutic control are extremely limited. As science progresses we have a reasonable hope that the list of curable diseases will be enlarged.

How about the prevention of disease? As previously stated, the mass of facts already collected regarding disease enables us, while not in a position to cure, nevertheless to point the way to the prevention of practically every disease.

Most diseases can be prevented by euthenic measures. Euthenics is a word of recent coinage, and pertains to the prevention of disease through the betterment of living conditions, through the improvement of the environment of mankind.

Just a word with regard to euthenics. Right living conditions may be classified under the following five heads, according to Mr. Windslow, Associate Professor of Biology, College of the City of New York:

1. The maintenance of proper temperature and other atmospheric conditions surrounding the body.

2. The provision of an adequate and balanced food supply.

3. The preservation of the health of the organs and tissues by exercise and their restitution when fatigued by rest and recreation.

4. Protection against injury by violence of man or beast, by accidents, fire and the like.

5. Protection against microbic disease.

These five necessities of the human body might be called, if you like, the five fundamental laws of health. It was stated, some little time ago, by a physician lecturing to a group of students in the Social Service Department of the University, that he would wager that in his audience not half a dozen out of the two hundred present could state offhand the laws of health. That seemed to many a rather rash statement, but when asked himself at the end of his lecture what were the laws of health, it is reported that he did not make a very satisfactory reply. I sympathize with my friend in his predicament, and feel that the question is a poser. Nevertheless, if one is allowed to speak in generalities, the five rules laid down give a comprehensive answer. One woman, Mrs. Richards, has stated the salient laws of health in a single sentence. She says that the basis of euthenics consists in "A pure food and a safe water supply, a clean and disease-free atmosphere in which to live and work, proper shelter, and the adjustment of work, rest and amusement."

When we come to study how to prevent disease under these vari-

ous headings, we must look for our data in anatomy—the study of the structure of the body, in physiology—the study of the workings of the body under normal conditions, and in pathology—the study of the body in disease. Laws of health based on any other series of facts are not laws, but quackeries, and not worth consideration.

There are certain diseases that cannot be prevented, however, through euthenic measures, through the betterment of living conditions. These are determined largely by hereditary influences. To cope with these conditions we have a science of recent birth called eugenics. Eugenics has to do, as you know, with the improvement of the inborn qualities of the race, by proper mating of parents. While eugenics presents insurmountable difficulties if applied in a general fashion, still with medical examination before marriage, with careful scrutiny into family history when this is obtainable, certain individuals may be prevented from a harmful marriage. This is, at least, in the range of possibility, and the confining of the feeble-minded and insane in institutions is certainly a step in its accomplishment.

What relation has the social worker to the prevention of disease? She occupies, in my opinion, an extremely important place. In the first instance we must grant that the hospital social worker is an intelligent, well trained individual, conversant with the so-called laws of health. She knows the important findings of anatomy, physiology and pathology in their relationship to the prevention of disease. It is her opportunity, then, as she is constantly moving about in the community, to spread information to the masses and teach them, by demonstration and conversation, the proper way in which to live. She may also so educate the people with whom she comes in contact that her teachings may lead to something of eugenic value.

I believe that under the present condition of affairs the social worker can do more in the actual prevention of disease than the physician himself. Doctors, under the present regime, are paid to cure disease, and consequently their attention is confined largely to this question of therapeutics. The social worker can, however, devote her attention in no small degree to the prevention of disease. I think, however, the time will come when physicians will play a larger part in this most important department than they do at present. A move in this direction is the enlargement of the scope of the Departments of Public Health of the present day, with their increasing complement of physicians whose work entails largely the preventing of disease. Then there is the medical inspection of schools, where medical men are engaged in preventive work. In England, where there is State Insurance, and physicians are employed by the State, prevention will, to my mind, be pushed by these same doctors because it is to their advantage so to do. The employment of physicians to keep people well is the legitimate pro-

cedure, and when the financial problem of this scheme is worked out it will benefit mankind.

In summing up, I would say that the social worker connected with the hospital has a wonderful opportunity in making that institution more efficient. She can often render it possible for the hospital physician to make an early diagnosis. She can collect data that will help in making the diagnosis. She is a strong instrument in the treatment of disease, by helping to secure needed money, and by demonstration of the proper methods in the care of the sick. By her individual study she helps the physician to treat the case not as a disease, but as an individual with a disease. In the realm of prevention, the most hopeful field in medicine, she can educate those with whom she comes in contact. Take it all in all, I do not know a line of work more helpful to the community than that rendered by a conscientious, intelligent, well trained hospital social worker. May the very best nurses enter the work, may there be many of them, and may there be many who will freely give of their money to support such workers.

THE FLORENCE NIGHTINGALE OF WINNIPEG

Story of Mrs. Margaret Scott and Her Labor of Great Love

"Faith is lost in sight"—so often one had sung it with the congregation, meaning all the while the "Better Land" of the first verse. But yesterday one found it on earth, a faith that was no longer faith, but a sure shining knowledge, born of very direct answers to very definite prayers, of ways miraculously opened up at the touch of a hand for the carrying on of a work of help and healing, a work of many years' standing in which one pleading hand upstretched to God, one full hand down-dropping to His people.

She is a little, frail, precious woman who holds this big knowledge grown from faith, a woman with soft hair, and soft voice, with a rare sweetness of face, and eyes most wonderfully shining, a small cross of red at the throat of her simple white dress.

With her at the Margaret Scott Nursing Home in Winnipeg, where she is the mother and heart, are eight special nurses, besides Mrs. Scott's assistant in her own special and personal missionary work. Last year these nurses paid nearly thirty thousand visits to the sick poor of Winnipeg, something less than five thousand being to obstetrical patients, something over five thousand to infants and sick children in connection with the child hygiene department, and the rest to surgical patients, the aged and chronic cases. It is nine years since the Margaret Scott Nursing Mission was founded, with a society and a board,

to perpetuate the work carried on for years by Mrs. Scott, which at that time was growing too big for her and her one trained nurse assistant.

It is a far cry from the schooldays of a cherished girl in quiet old Colborne, in Ontario, to a small bare room in a coffee house in the Winnipeg east end of twenty years ago. It is a long span from eager busy days in the Dominion Lands Office in Winnipeg to the quiet brown house at 99 George Street, where the nursing home sends out the God-beloved women early every morning to the extreme points of the city in different directions, with their maternity bags and hot water bottles, their bits of babies' dresses, their words of advice and cheer, leaving comfort on their way to the all-but-blind lonely old man listening day-long to the ticking of his clock in the corner, to the emaciated, hectic, tuberculous woman, and the pink new baby in its dirty colored rags.

Margaret Boucher's father was county court judge in Colborne, and her mother a member of the U. E. Loyalist family of Ruttan. On the death of her mother, Margaret was sent to live with her aunts at Campbellford, went to school and grew into a gay, glad young girl, as all young girls should. A slight foreshadowing of her future might have been found in the interest aroused in her when a girl in the famous Muller orphanage at Bristol, in Ontario, the shining of whose hundred windows into the night preached faith to a wide world, for the orphanage existed and grew just day by day on faith. When Margaret Boucher became Margaret Scott her happiness was at the centre of a life of moving interest, her husband being a well-known lawyer in Peterborough, a Q.C., and a member of the Ontario Legislature for Peterborough, his political opponent being the man afterwards known as Senator Cox.

Left a widow at twenty-four, Mrs. Scott faced the necessity of self-support. Through Mr. Cox, who had once been a protege of her father, she was given a position in the office of the Midland Railway in Peterborough, with the munificent salary of twenty-five dollars a month. Her life had been sheltered. She did not know anything of business, she naively confesses, but she wanted to know everything. Something of the woman's thoroughness, grasp and ability is seen in the fact that a couple of years after she had begun sorting tickets in the office of the Midland Railway, she was in the audit office of the Grand Trunk Railway in Montreal, in charge of the work of thirty girls and the conduct of fifty. After a few years of this, Mrs. Scott's health broke down and she came to Winnipeg for a change of climate. Mr. H. H. Smith, Dominion Lands Commissioner in Winnipeg, had been her husband's friend. Mrs. Scott took a position in this office, later going to the law firm of Hough and Campbell. The late Mr. F. W. Heubach initiated her into the mysteries of the typewriter. A business asso-

ciate of these days claims that she was the best stenographer in the country and could easily have commanded an unusual salary when she gave up having a salary at all. A friend describes Mrs. Scott at this time as having quantities of soft, fine hair, wonderful big grey eyes, a charming low voice, and "always a smile." And through all the years since, "always a smile."

It was about this time in her life that the mission work began. The Rev. C. C. Owen, at that time assistant rector of Holy Trinity, was much interested in the Coffee House in Winnipeg and in other forms of what we now call social service. One morning while Mrs. Scott was still in the Dominion Lands Office, the late Ernest Taylor, a bank manager of Winnipeg, told her of the burden of the enormous correspondence of Mr. Owen. Mrs. Scott went to Mr. Owen and offered to help him with his work, taking his dictation Saturday afternoons and doing the letters through the week before and after her office hours. "And Mr. Owen prayed me out of office work," Mrs. Scott says. For Mrs. Scott then didn't want to go into mission work. "I was wicked," she confesses, her smile rueful-sweet, "I wanted my liberty. I loved the office work. And I fought—oh, I fought long and hard until one night the words came illumined before me, 'This is the way, walk ye in it.' And then I didn't struggle any longer." "And the liberty?" one was tempted to ask. "Why, I didn't lose it at all," she glowed, "there was more, infinitely more. The office, you see, was all for one's self, one's food, one's clothes, one's house, and just a little margin left for God. There are wide, free spaces when one stops taking thought for food and raiment."

Thus she started, and thus she went on. The police court at this time was in a pitiful state. A citizens' league was formed and an appeal made to the women of Winnipeg. Mrs. Scott began to visit that pitiful, sordid world, then at the corner of King and James Streets, and only the police and the magistrate and the women themselves can ever tell what she has meant to them all in that court down through the years. Broken and bruised and smudged, sore and sullen and sodden, strangers bewildered and drifting, frightened, or defiant or sorry, she has got close to them, has been told their stories that the magistrate could never reach, has given them her unshrinking hand in friendship, has found them places for their heads and work for their hands. "The cases have been so satisfactory," Mrs. Scott tells. There was the old woman whom Mrs. Scott took to the Salvation Army Home, where she stayed on always, known lovingly as "Grandma" and of infinite comfort. There was the poor stranger who had gone unwittingly to an undesirable lodging-house and had been gathered in with the others during a raid. Mrs. Scott got her out of the police court, found her a

home and work, and kept in constant touch with her until she died last year. She had always gone straight and had been grateful.

From the police court work Mrs. Scott went on to visiting the provincial jail. There were no visiting hours for Margaret Scott. The doors were open whenever she willed. One of the most terrible experiences of her life was the night she spent alone with a sick woman in the jail when the door clanged behind her and she was locked in until 6 o'clock in the morning, when the wife of the governor of the jail came to relieve her. Small wonder that Mrs. Scott comes so close to the heart, she who is so willing to share the life!

On going definitely into mission work Mrs. Scott took a small room in the old Coffee House, on Lombard Street, where the wholesale district of Winnipeg now is. A few necessary bits of furniture—of corrugated iron for obvious reasons—were all she could have, and she scrubbed the room herself. She would accept no salary, and her work was carried on by voluntary donations. Untrained, she nursed sick babies and women in the segregated districts. She bought food and clothing where she could, delicacies for the sick and old, found work for men, taught Christ, and grew into a blessed saint whom everybody loved, the city missionary, Margaret Scott.

But her spiritual qualities and lovely faith went with a clever mind, and the business experience of an eminently practical little woman. Those who gave her money knew none of it would be wasted. Those who told her tales learned soon how far her grey eyes could see. She kept right up to the minute in her reading and studying, knew all about nursing missions and public health departments and experiments in organized charities and social service work, so that she is looked upon always as a most valuable asset by the men of the city, men of the Associated Charities, of the city health department, the city medical officers, who work in unison with her, the ready response being mutual.

With the spiritual nature and the practical activity of Mrs. Scott goes the ineffable personal quality that so affects those that come in touch with her. Women of wealth and position and fashion are found on her board; little children put money in their banks for "dear Mrs. Scott"; men of distinguished abilities and many interests move in her service; a workman sent to do repairs refuses pay and asks for the privilege of helping again; a woman whom the mission helped over a bad time brought ten dollars saved up in five-cent pieces to help the work; a little milliner juggles ends of trimmings and oddments of hats, and women ill all winter come out into the spring sunshine with the tonic of a pretty new spring bonnet; careless young men about town; fluttering girls; staid business men, grown rich and round with the years; busy women; gay blades; serious workers—these are the answers to her prayers of faith in money and food and service. From country churches

and societies in other towns and folk adrift across the West come donations unasked to the little brown house on George Street. Many who want to help but don't know whom to help make Mrs. Scott their trustee; many who make no communication between right hand and left make Mrs. Scott their silence. She is of a rare judgment, of a tact, of a diplomacy. She can help without hurting the difficult, proud folk. Once in a hard year she found thirty proud suffering women by inserting a small advertisement asking to have knitting done. In another hard winter she started a woodyard in the backyard of the mission, and gave needy men work until the city took the woodyard over themselves. And from the days of the coffee house until to-day every contribution to the work has been voluntary, an answer to Faith. There has been no public appeal, no entertainments for raising money, no publicity even. Since the society was organized, a modest report appears once a year, the eloquent small red cross on the cover, and below the forceful "In His Name." Before that there was nothing. Margaret Scott found her needy, prayed for help, and always the help came.

Once it was a family in peculiarly distressing circumstances and urgent need. Mrs. Scott's purse was empty. She was sorely tempted to break her rule and this once ask for help. Her night was long. In the morning she went out wan, but her faith was bright. A man about town, none too good by common judgment, passing, slipped ten dollars into her hand, and the family was rescued. There is the wonderful story of how her way into the segregated district was opened, and of the girls who couldn't come away because they owed money—some queer sense of money-honor living in those girls where every other virtue seems dead, so there is always that to build upon anew.

Mrs. Scott has a keen sense of fun, twinkling humorous experiences at one as she remembers. She and her nurses were, at the instance of the health officer, scrubbing up a terrible house, burning mattresses, letting air and sunshine in. The sick woman lay watching, grim and silent. When her husband came home, her greeting was, "Well, certainly the devil's been busy this day," the meaning of which cryptic utterance Mrs. Scott never quite determined. In the end the purified family moved to the country to get rid of so importunate a health officer.

One of Mrs. Scott's keen joys, besides the satisfactory cases, is the gratitude of those helped who love to come back in better times and contribute to the work of the mission. One family, who had moved away to Brandon, after two years sent three dollars as a donation to the work. There is an increasing number of these donations from former patients of from fifty cents to two dollars and a half. The same spirit leavens everybody whom the work touches.

It was, perhaps, fourteen years ago that Mrs. Scott first had a

trained nurse as an assistant in her work. She had seen something of the Nursing Mission in Toronto, and her own visits had shown her the need of a trained nurse in the homes of the sick poor. Mr. Taylor volunteered the salary of a trained nurse for three months during the winter to help Mrs. Scott. Following the success of this experiment the city offered to pay half the salary of a permanent nurse if Mr. Taylor would be responsible for the other half, and Mrs. Scott for the work. Finally, shortly before Mr. Taylor's death, the city volunteered to pay the whole salary. (The city now gives a yearly grant to the mission; the Provincial Government also recognizes the value of the Nursing Mission by a grant, and the immigration department contributes for any of their people who are looked after). When the work again overtook Mrs. Scott and her nurse, her friends again prayed, Mrs. Scott says, and the Rev. C. W. Gordon was the answer, with an assistant nurse. Finally, in 1904, the Margaret Scott Nursing Mission was founded.

From two nurses to eight, from three thousand visits the first year to thirty thousand last year, that is how the work has grown, and still the spirit of faith burning more brightly and still nothing but voluntary contributions coming in. The educational efforts of the nurses are bearing fruit all the time, the patients in their own homes learning to care for themselves and for others. "They talk about Winnipeg now," said Mrs. Scott, "but Winnipeg is beautiful, beautiful, compared with what it used to be." The nurses all live in the spirit of their head. Both the ladies of the board and Mrs. Scott insist that too much cannot be said of the work of Miss Beveridge, the head nurse, and of her assistants, who now number three on the general staff, three in the children's hygiene department, and two third-year nurses from the Winnipeg General Hospital. For some years the General Hospital has been affiliated with the mission and every nurse graduating from the hospital spends two months with the mission for training in visiting nursing.

The child hygiene department was begun in 1911. During the previous year every third death registered in Manitoba had been that of an infant under one year of age. In 1913, among the 1810 babies under the care of the mission nurses, there were only three per cent. of deaths. The child hygiene nurses follow up the maternity cases registered at the city hall. Every child is followed up for two years after birth, with care, with instructions, with record cards. This child hygiene work was really outside of the work of the nursing mission and was taking the time of the nurses, although at the beginning the city had voluntarily suggested an extra nurse for the work. Now that Winnipeg is having city nurses of its own, they are preparing to take over this child hygiene work from the Margaret Scott Nursing Mission.

This is what Mrs. Scott is always doing. She sees things that need doing, starts them properly going, and then the right official body goes on with the work.

There was the Little Nurses' League, again started by Mrs. Scott and her ladies, and appropriately taken over by the school board. Mrs. Scott had read of this league in New York, had seen how most of the north-end babies are mothered by little sisters, and made her connection again. So the little girls at the Strathcona and Aberdeen schools learn how to bathe the baby (a real one for demonstration, not a doll) and about modified milk, and barley water, and how sour bottles make sick babies. They even go out after the manner of the Boy Scouts spotting shopkeepers with dusty fruit.

Along with the formation of the board of the Nursing Mission came the inception of the auxiliary. In order to leave the mission nurses free for nursing, the auxiliary took over the relief work. The workers are voluntary. They sew children's clothing, provide pneumonia jackets, take delicacies and flowers to the sick and aged at Christmas and Easter, pay visits, give children outings, read to the shut-ins and provide funds that have marvellous elastic qualities in the hands of Miss Beveridge. Mrs. Scott is always at the meetings and finds the cases on her visits. The supply cupboard, an institution at the mission, could tell tales of the auxiliary, and so could a self-supporting woman who became so by the gift of an artificial leg. The public school children at their sewing classes think of that supply cupboard also.

The ladies of the board, feeling shut away at the administrative end of things, while the nurses and the auxiliary had the stimulus of personal contact with the people, asked to share in Mrs. Scott's work a bit. So two of the ladies of the board are visitors for each month. They go to the sick and shut-ins, wherever Mrs. Scott knows visitors would be welcomed. They establish relations practical and sympathetic, find out the details of illness or lack of employment or needs of children, and are able often to fit these needs to a corresponding need for a worker. So the leaven goes on, the visitor helped no less than the visited.

Over all the activities of the mission Mrs. Scott has had the care and the supervision, in addition to her own work, and all that this means no one human shall ever know. Of the work in visits, and in numbers, and in bread, we may know. Souls we may guess at. But of the actual leaven of this woman in all her world who can say till the hidden hearts of men are written out before their faces, and shapely, comely, sane and healthy souls, because of her, crowd happily up to God.

It was time to stop long since, but there isn't any stopping. Don't forget the mothers' meeting, the scribe was warned, the mothers' meet-

ings where tea and cake make a social hour, the tables of clothing or new goods make an excitement, and where a brief address tries to sow seed on good ground. There are the tales the pony can tell, for later on in the story of the mission the gift of a pony came to replace the too-strenuous bicycle. Latterly, the pony has always carried an ice-box, tucked up behind in the buggy, just a simple home-made ice-box, and the little girls bring the ice home each day from a central depot at a possible price, and the milk and the babies have a better chance. The pony knows, too, of a winter afternoon when Mrs. Scott found some poor people out on the prairie without any fire, and straightway came back to the backyard of the mission and loaded up the cutter with wood for over Sunday with her own slender hands and drove back again to the people on the prairie. Always those who love her long to save her, for she is so precious, and always she will not let herself be saved. Lately there have been long illnesses, when the hearts of her friends have stood still in fear.

She has just come back from months at a sanitarium. She went to the postoffice there one day with her sheaf of letters in reply to her Winnipeg friends. She laughs outright as she describes the postmaster's face when he received her mail. Her Christmas mail is like that, too; ill-spelled notes of gratitude, queer husky unexpected blessings from men of whom she thought never to hear again, gifts overflowing. But nothing, nothing will she accept for herself.

And neither praise nor credit will she accept. It is her nurses and her friends and God. She has consented now for the first time that something of her work may be made known, but consented only at the desire of her board, and in the hope that what has been done in Winnipeg may be done again elsewhere. There is no corner of the work that one may touch without revealing Margaret Scott. She is the work.

There lingers in the mind, haunting, drifting, a memory of some poem read and lost—of a man who desired that always he might do good and might not know. And it came about that in his shadow followed all hurt and were healed, all weary and were given fresh life, all troubled and went away with spirit of grace.

So around the cape of the years goes Margaret Scott, in her lengthening fragrant shadow a great multitude following—women of like sweet hearts; mothers with whom she has gone to bring their daughters from dark abodes; men stirred to impulses of nobility; a hundred helping physicians; a girl caught up from an all-wrong life and now married and in missionary work herself happy as can be; a scene shifter from one of the theatres whom she had helped to fresh manhood and who always came to look after the furnace and do the chores, honored by his privilege; mothers left to their families; unblighted

babies; men cheerily at labor; hearts and lives and souls; and smiles come back, and singing.

"Saint Margaret," some love to call her; "the Angel of Winnipeg," an awed man stammers: "Dear Mrs. Scott," of the children; "Lady Scott" to the poor foreigners, and most of all just "Margaret Scott," the very name carrying its own endearment and benediction.—*Winnipeg Free Press.*

WELFARE WORK IN WINNIPEG.

By M. Wonnacott.

Welfare work in Winnipeg began in May, 1913, with two nurses under the direction of Dr. Douglass, City Health Officer. Two more nurses were added the following year when the city took over the Milk Depot and the Anti-Tuberculosis work in which two nurses are employed.

The city is divided into four districts, with one nurse for each district.

Names are obtained from the birth register and mothers visited as soon as convenient. Books on Infant Feeding, printed in three different languages, are left where needed, also a diet list for a child from 12 months to two years of age. Cards with telephone number and address of the Milk Depot make it convenient in case of illness to obtain the services of the nurse whose office is in the Milk Depot.

A great deal of Welfare Work lies along preventive lines, as in a city like Winnipeg there are a great number of young mothers, many of whom are from the Old Country, and know very little, if anything, regarding the care of an infant. The Welfare Nurse is usually a welcome visitor in these homes, and by constant visits the education of the mother on the care and feeding of her infant is accomplished.

In cases of wrong or overfeeding, the mother is advised to take her baby to the Milk Depot, where the services of a physician can be had every morning, except Sunday. Milk for babies is free for those who are not able to pay.

Other cases than those of digestive disturbance are sent to the Outdoor Department of the Hospital or, if the child is too ill to be taken out, a physician is sent from the Health Department. Infectious cases are not attended by Welfare Nurses.

The long tube bottle is almost obsolete, but the pacifier is a great favorite and baby is seldom seen without one attached to its nightie or tied around its neck.

During the winter months, when people are housed in small and overcrowded quarters to save fuel and rent, the windows often become

frozen down, making proper ventilation an impossibility, and children under these conditions become anaemic and frequently develop bronchitis and pneumonia. Whenever possible the baby is put outside to sleep. This helps to counteract the bad effects of inside conditions.

When giving prenatal advice, great stress is laid upon breast feeding with good results shown in cases where the first baby was bottle fed and the second breast-fed, due to the better knowledge of the mother.

Lack of freedom from home responsibilities during confinement partly accounts for some bottle-fed babies. The mother may have a physician and district nurse, but no one to keep house, attend to the small children, or help with care of baby at night. The mother sits up in bed to peel potatoes and does various other things. On the tenth day she will do a necessary washing. I have visited cases where the only housekeeper was a child of six or eight years of age. Father has to be at work and get his night's rest.

During the summer months, when infant mortality is highest, due to intestinal disturbances, usually caused by carelessness in feeding, or overfeeding, we find in many cases that baby has been given fruit, ice cream and coffee. This information is conveyed by willing neighbors to the physician or nurse.

A baby six months old became suddenly ill during the hot days, and upon inquiry it was found the child had eaten seven ripe apricots the previous day. Another sick baby three months old, which was on a formula consisting mostly of whey, was given some filling of chocolate pie. One can imagine the dire result of this sumptuous repast.

We hope in the future that the work of the Bureau of Child Hygiene will, to a great extent, eliminate the evils of the wrong treatment of the infant.

IMPORTANT POINTS.

By R. J. Dunsmore, L.D.S., Neepawa, Man.

It is my purpose in this little pamphlet to set before its readers a few important facts which may be used at such times as they think fit, and as reference as to when children's teeth require attention. I am doing this because in the past I have had good evidence that many teeth are lost through ignorance, and not through carelessness, as I at one time believed.

To start at the beginning, children have twenty teeth; ten in the upper and ten in the lower jaw. These start to appear at six or seven months of age in the anteriors, and are completed at two and a half to three years in the second baby molars. These little teeth should be

kept repaired until such time as they are shed. It was commonly thought years ago that when a baby tooth became decayed or ached it should be pulled out, but experience has proven that this is not always the case. It should be retained in position until the permanent tooth is about to displace it.

Now, between six and seven years of age the first permanent teeth make their appearance in the centre incisors, upper and lower, and at the same time the first permanent molars, upper and lower, at the back of the baby molars. These "six year molars," as they are commonly called, coming in so early, are thought by many to be a continuation of the baby teeth. But such is not the case, and instead of being baby teeth they are the most important in the dental arch, because they regulate the length of bite, and go a long way to decide what the facial appearance will be in later years. Now, between the first permanent molars and the cuspids (or eye teeth) on the upper, and the stomach teeth on the lower, are the two baby molars that are displaced by the bi-cuspids between nine and twelve years of age, and if extracted before that age it will allow the first permanent molar to be crowded forward by the second permanent molar until when the two bi-cuspids come in they will not have room, and one will be deflected toward the cheek and the other toward the mouth. Or, in the event of the baby cuspids having been lost they will move forward and occupy the space intended for the permanent cuspids, so that when these teeth do come in they, as a rule, protrude over the incisors, causing a malformation and a decidedly disagreeable appearance.

By keeping these few facts in mind, parents can, in many instances, regulate the contour of their children's faces at the time when the features are really being moulded, thereby deciding whether they shall have in after years an unsightly and bothersome set of natural teeth, or an even, well modulated countenance, towards which properly cared for teeth are an all important factor.

ST BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA

St. Boniface Hospital is situated at the junction of the Red and Assiniboine Rivers, opposite the city of Winnipeg. The situation is perfect for hospital purposes, its position being sufficiently removed from the business part of the city to be free from noise and confusion, and yet possess all city advantages.

The grounds are spacious, consisting of six acres, arranged into gardens, lawns and parks.

It is in no sense a sectarian institution, as people of all creeds and nationalities receive alike the best that modern nursing is capable of supplying.

This hospital is conducted by the Sisters of Charity and is one of the largest of the numerous branches of the Grey Nuns of Montreal. In 1844 the first four Sisters arrived at the Red River Settlement (Ft. Garry), but as the population was small and their means limited, they could not erect a building devoted exclusively to hospital purposes, so they opened their convent doors to the public and began nursing and visiting the sick.

In 1871 the first hospital was built. It was a small two-storey building, with the unique capacity of accommodating four patients, but this becoming inadequate in 1877, a larger house was secured, which could accommodate ten patients; but it was not until 1887 that the first part of the present hospital, measuring 46 ft. x 80 ft., was erected, and in 1893 a transept wing 50 ft. x 100 ft. was added. In 1899 the Isolation Hospital, known as St. Roch's, was enlarged so as to accommodate sixty patients.

As we are at the threshold of the great gateway to the Northwest, the constantly increasing influx of population, while adding to the commercial prosperity of the general public, also brings the problem of increased means of meeting the corresponding proportion of medical and surgical diseases that naturally follows, and so the Sisters endeavor to do their part in this essential undertaking for the benefit of the public. Consequently, in 1903 the present magnificent modern south wing 36 ft. x 223 ft. was built, and in October, 1905, was formally opened. The transept was demolished in June, 1914, to give place to a larger and more spacious addition, consisting of new up-to-date surgical and electrical departments, now under construction.

A feature of the building is the roof garden, which covers 10,000 square feet, and from which a splendid view of the surrounding country can be obtained.

The hospital now stands an imposing structure of massive brick, with a frontage of 400 ft., and can accommodate 375 patients. The staff consists of forty-two Sisters, and there are fifty nurses in training. The hospital from a very humble beginning has so developed that it can now favorably compare, both in size and equipment, with many of Canada's largest institutions of a similar nature.

In 1897 the Sisters opened a training school for nurses, with Sister Parent as Superintendent, and a two years' course was given. This was continued until 1913, when Sister Wagner, a graduate of St. Vincent's Hospital, Toledo, Ohio, became Superintendent of Nurses, and, owing to her foresight and ability, a complete course of three years is given, including medical, surgical, gynecological, pediatrics, obstetrical, and contagious and infectious diseases.

Annie C. Starr,
753 Wolseley Ave., Winnipeg.

Editorial

CO-OPERATION

Following the plan indicated in the February number, the Manitoba Association of Graduate Nurses has supplied the first articles of this issue.

This hearty co-operation is very gratifying to the Directors, and the extra work does not harm the Provincial Associations, rather the opposite, for they are thus brought to realize some of the needs of the magazine. And, too, the actual work will beget a new and keener interest, which will bear fruit when the National Association makes its appeal for definite assistance to make possible the transfer of the magazine into the hands of the National Association.

And when this appeal comes we are satisfied that each and every Association will be ready to take its full share of the responsibility, for only in this way will this forward step be made possible.

RED CROSS SUPPLIES

The Canadian Red Cross, through Mrs. Plumptre, who has charge of supplies, has appealed to the nurses to be responsible for the preparation of surgical supplies for use at the front. The Red Cross offered to provide the material as far as necessary if the nurses would take charge of making the supplies. The hospitals are generously doing their part by sterilizing the dressings and, in some cases, packing the Red Cross boxes ready for shipment.

As this seems peculiarly the contribution the nurses should give, there will be no doubt about the heartiness of the response, which will mean an abundance of surgical supplies.

Many beside nurses desire some part in this work, and this gives the opportunity for the nurse to multiply her work many times by directing the work of a group or groups, for, after all, there can not be too large a supply of dressings, etc.

The nurses have been doing their part nobly and they will continue the good work, so relieving the Red Cross authorities of any anxiety in this matter.

THE ANNUAL MEETINGS

The annual meeting of the Canadian National Association of Trained Nurses was to have been held in Vancouver in May, 1915, but, owing to conditions caused by the war, it seems probable that this meeting will be postponed or perhaps omitted for this year.

The different affiliated associations have been communicated with, and all favor postponement, but up to the time of going to press the Executive had not been able to convene, so that no definite statement can be given. This will be given in next issue.

The Superintendents' Society is evidently considering the advisability of a similar step, as the following indicates:

"Owing to the probability of the annual meeting of the Canadian National Association being omitted this year, the president of the Canadian Society of Superintendents of Training Schools for Nurses, Miss Helen Randal, has sent a letter to each member asking for their opinion on the advisability of the society doing the same thing.

"War and financial conditions would make it appear that nothing more than a local meeting could be arranged. While regretting that this seems necessary, they look forward to a larger attendance."

It seems rather unfortunate that these meetings have to be either postponed or cancelled, but better this than a meeting that would not be representative. The necessary business can be transacted by the Executive, who can always get into touch with their members by correspondence. And just here we would urge careful consideration of and prompt response to all correspondence submitted, so as to facilitate any business that may be necessary.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Mrs. W. S. Tilley, 157 William Street, Brantford; First Vice-President, Miss Helen N. W. Smith, 559 Concession Street, Mountain, Hamilton; Second Vice-President, Miss Morton, Superintendent Collingwood General Hospital; Recording Secretary, Miss I. F. Pringle, 310 Brunswick Avenue, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors: Miss Mathieson, Superintendent Riverdale Hospital, Toronto; Mrs. W. E. Struthers, 558 Bathurst Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 290½ Dundas Street, Toronto; Miss Jessie M. Robson, 45 Dundonald Street, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss J. G. McNeill, 82 Gloucester Street, Toronto; Miss C. E. De Vellin, 505 Sherbourne Street, Toronto; Miss O'Connor, St. Michael's Hospital, Toronto; Miss E. J. Jamieson, 23 Woodlawn Avenue East, Toronto; Miss Kinder, Hospital for Sick Children, Toronto; Mrs. George Nichol, Cataraqui; Miss Allen, 3 Classic Avenue, Toronto; Miss Agnes Boyd, 59 Avenue Road, Toronto; Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital, Toronto; Mrs. I. P. MacConnell, 514 Brunswick Avenue, Toronto.

Conveners of Standing Committees: Constitution and By-Laws, Miss H. N. W. Smith, Hamilton; Press and Publication, Miss Ewing; Legislation, Mrs. Clutterbuck.

The Executive held its monthly meeting on January 27th, at the Nurses' Club, Sherbourne Street, Toronto. There was a good attendance. A number of applications were accepted.

The revised By-laws passed at the Annual Meeting in September are now printed and ready for distribution. It is advisable that the Chapters study these By-laws so that a clear understanding may be obtained. It was decided to accept the invitation of the Kingston Chapter and hold the Annual Meeting there in May.

The question of sending a representative from the Executive to visit the Chapters was discussed, but nothing decided.

The meeting adjourned to meet again the fourth Wednesday in February.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 750 St. Urbain St.

First Vice-President—Miss Colley, 23 Hutchison St.

Second Vice-President—Miss Dunlop, 209 Stanley St.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 319, 512 St. Catherine St. West.

The Montreal Baby and Foundling Hospital has been moved to the new building on St. Urbain Street, which is very complete in every particular.

The Committee gave a reception and parcel tea on January 29th, to which a parcel was taken and one purchased, which afforded great amusement and was very successful.

Following is a complete list of the nurses from the General and Royal Victoria Hospitals who have been accepted for service in the McGill General Hospital for overseas service:

Miss McLachey, Matron, Quebec Military Hospital.

From the Royal Victoria: Mary F. Steele, Toronto; Louise J. Brand, Montreal; Constance W. Harrison, Montreal; Alice M. Stewart, Montreal; Jessie M. Sedgewick, Middle Musquodobolt, N.S.; Margaret I. MacIntosh, Halifax, N.S.; Cora P. Archibald, Truro, N.S.; Nellie J. Enright, Ottawa; Ruby R. Graham, Campbellton, N.B.; Margaret Woods, Welsford, N.B.; Frances MacKeen, Rothesay, N.B.; Olive Fitz-Gibbon, Montreal; Ellen Carpenter, Montreal; Victoria Eastwood, Montreal; Janet Rodd, Montreal; Margaret Park, Montreal; Claire MacLeod, Charlottetown, P.E.I.; Dorothy Cotton, Almonte, Ont.; Char-

lotte Jack, Sans Bruit, Que.; Harriet Drake, Montreal; Edith M. Powell, Ringwood, Hants, Eng.

From the General Hospital: Beatrice Louise Armitage, A.M.C., Sherbrooke; Ella Pearl Babbitt, Gagetown, N.B.; Harriett Edith Carmen, 4378 Western Avenue, Westmount; Isabel Davies, A.M.C., 151 Brock Avenue, Montreal West; Florence Isabel Gertrude de Con, A.M.C., Strathroy, Ont.; Elizabeth Lilian Dickie, River Charlo, N.B.; Mary Evelyn Engelke, 4925 Western Avenue, Westmount; Roberta Gourlay, Egonville, Ont.; Miss Hoerner; Rachel McConnell, Ballywahinch, Ireland; Louise McGreer, 51 Milton Street, Montreal; Charlotte Louise McNaughton, 595 Roslyn Avenue, Westmount; Marie Muir, 4134 Dorchester Street West, Westmount; Annie Murphy, 19 St. Mark Street, Montreal; Julia Marjorie Ross, 43 Lorne Avenue, Westmount; Louise Myrtle Stevens, Wallace Grant, N.S.; Miss McLeod.

I SHALL NOT PASS AGAIN THIS WAY

(This poem, much worn, was found in the desk of Mr. Daniel S. Ford, the proprietor and editor of "The Youth's Companion," after his death when his desk was cleared by loving hands. It explains much of Mr. Ford's wide and generous benefactions.)

The bread that giveth strength I want to give;
The water pure that bids the thirsty live;
I want to help the fainting day by day;
I'm sure I shall not pass again this way.

I want to give the oil of joy for tears;
The faith to conquer cruel doubts and fears,
Beauty for ashes may I give alway;
I'm sure I shall not pass again this way.

I want to give good measure running o'er,
And into angry hearts I want to pour
The answer soft that turneth wrath away;
I'm sure I shall not pass again this way.

I want to give to others hope and faith;
I want to do all that the Master saith;
I want to live aright from day to day;
I'm sure I shall not pass again this way.

—*Public Health Journal.*

DON'T STOP.

By Rudyard Kipling.

If you stop to find out what your wages will be
And how they will clothe and feed you,
Willie, my son, don't you go on the Sea,
For the Sea will never need you.

If you ask for the reason of every command
And argue with people about you,
Willie, my son, don't you go on the Land,
For the Land will do better without you.

If you stop to consider the work you have done
And to boast what your labor is worth, dear,
Angels may come for you, Willie, my son,
But you'll never be wanted on Earth, dear!

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B. C.

HOSPITALS AND NURSES.

British Columbia

The annual meeting of the Alumnae Association of the Vancouver General Hospital was held at the Nurses' Home, General Hospital, on Tuesday, January 5th, 1915.

The following officers were elected for the year: Miss McLane, President; Miss Currie, 1st Vice-President; Miss Guillod, 2nd Vice-President; Miss Atkinson, Secretary-Treasurer; Executive Committee: Misses Hart, Maxwell and Judge; Sick-Visiting and Social Committees were also formed, and plans for the year's work were discussed, and the Executive Committee was instructed to draw up a programme.

The annual meeting of the Vancouver Graduate Nurses' Association was held at the Nurses' Club, on Wednesday, January 6th, 1915. Miss Trew, President, was in the chair. There were 23 members present. The annual reports for 1914 were read. Registrar's report showed "Number of calls during 1914, 1,101; number of nurses on registry, 155."

Sec.-Treasurer's report showed number of paid-up members December, 1914, 89; number joined during 1914, 19; funds in bank, $61.75; Sick Benefit, $216.52. Ten members had received cheques from the Sick Benefit during the year, making a total of $250.

The following officers were elected for the year: President, Mrs. Johnson; 1st Vice-President, Miss Bone; 2nd Vice-President, Miss Breeze; Secretary-Treasurer, Miss Judge; Executive Committee, Misses Barnard, Walker, L. Wilson. Sick-Visiting and Entertainment Committees were also formed, and a motion was put, to be voted on at the next meeting, to raise the membership fees of the V.G.N.A. in order to help the Sick Benefit Fund.

Miss Ruth Fraser (V.G.H.) has taken charge of the hospital at Hedley, B.C.

Miss J. McLennan (V.G.H.) has taken a position in the Chemainus Hospital, B.C.

Miss M. Rose (V.G.H.) and Miss Ethel Boultbee (V.G.H.) have been called from Vancouver to go to England with the second contingent. Miss Boultbee had lately taken a position in the hospital at Uplands, California, and will proceed from there to Ottawa.

Manitoba

Miss Ida K. Bradshaw, Winnipeg, was a visitor in Toronto during January. Miss Bradshaw is Convener of the Legislation Committee of the Manitoba Association. The Editor was delighted to meet her.

The nurses of the Brandon General Hospital were the hostesses of a large reception on January 8th, on the occasion of the opening of the

nurses' new home. About 100 guests were present during the afternoon, and after being shown over the building, which was tastefully decorated for the occasion with flags and red, white and blue bunting, were received at the entrance of the large lecture room by Miss Birtles, Matron, and Mrs. Hatcher. Nurse Fortune and Nurse Morrison presided over the daintily arranged tea table, which was centred with a cluster of red and white carnations, while Nurse Waddy cut the ices. They were assisted by a bevy of nurses. During the afternoon Miss Norma Bates rendered a number of delightful selections on the piano. In the evening the band of the 99th, through the kindness of Capt. Whillier, played for dancing. After a very enjoyable programme a delightful supper was given. Games and cards were also played during the evening. Following supper short speeches were made by Mr. A. C. Hill, Mr. N. Campbell, Mr. D. McKinnon and Mr. Swalwell.

Miss Jean Morrison, having completed her course of training at the Neepawa General Hospital, sailed for her home in Scotland on November 26th, 1914, where she expects to take up Red Cross work.

Miss M. Caney, R.N., of Winnipeg, is spending a few weeks as the guest of Mrs. Connell, of Stoney Creek, Man.

The St. Boniface Nurses' Alumnae Association held a very enjoyable whist party at the Nurses' Residence, 753 Wolseley Ave., on the evening of December 30th, in honor of Miss Mary Holden, a bride-to-be. Miss Holden succeeded in winning the first prize and Mrs. E. A. Jones the consolation prize. On behalf of the alumnae, Miss A. C. Starr presented Miss Holden with a cut glass berry bowl. The address was read by Miss Stella Gordon. Refreshments were then served, bringing a most enjoyable evening to a close.

Miss Margaret Meehan, of St. Boniface Hospital, class '09, is spending a holiday with her sister in Toronto.

Mrs. Thomas Montgomery, of St. Boniface Hospital, class '05, is taking a post-graduate course at Sloane's Maternity Hospital, New York.

Miss M. Nordgren, of St. Boniface Hospital, class '10, who has been visiting her friend, Miss May Rogers, for several weeks, has returned to her home in Warren, Minn., to resume her work as a private nurse.

Miss Harty, charge nurse at the Misericordia Hospital, has returned from a holiday spent in St. Paul, Minn., with her sister.

Miss M. Doyle and Miss M. Paul, of St. Boniface Hospital, are taking their maternity training at the Misericordia Hospital.

Mrs. Geo. McDonald (nee Bessie Matheson), of St. Boniface Hospital, class '12, who is living in Chicago, spent the Xmas holidays with her mother in Winnipeg.

Miss Mary O'Leary, of St. Boniface Hospital, class '13, has returned from New York, and will do private nursing in Winnipeg.

While in New York Miss O'Leary took a post-graduate course at Sloane's Maternity Hospital.

Miss Berthe Didion, class '13, St. Boniface Hospital, was one of the fortunate nurses called for the seat of war. Miss Didion is especially fitted for the work, as she speaks fluently French, German, Belgian, and English. She was educated in Antwerp.

Miss Villyard, class '12, St. Boniface Hospital, was also called for war duty. Her work in surgery will be of great benefit in her nursing.

Ontario

At the January meeting of the Graduate Nurses' Association of Thunder Bay District, a very interesting paper, entitled "Facts About Milk," was given by Miss Farmer, Dietitian at McKellar Hospital, Fort William. The subject was dealt with under five headings, as follows: 1. Changes which take place in milk; 2. Impurities of milk; 3. Common adulterants; 4. Preservatives; and 5. Proper care of milk by the consumer.

At the February meeting the first of a series of papers on "Life of Florence Nightingale," was given by Miss Turner. The Association is buying a copy of Sir Edward Cook's "Life of Florence Nightingale," and different members will follow up her life during the present term. This idea came to the Association through The Canadian Nurse. It promises a very interesting part of the programme for meetings.

Miss Beth Smellie, one of the members of the Association, daughter of Dr. Smellie, of Port Arthur, and graduate of Johns Hopkins Hospital, left the Twin Cities, Saturday, January 23rd, for Ottawa, to go to England or France.

Miss Sherrat, a member of the Association since its beginning in 1911, died at McKellar Hospital, Fort William, January 10th. While in poor health for several months, her death came as a great shock to her many friends in the Twin Cities, where she had done private nursing for five years, and won the confidence and esteem of all who knew her. The cause of death was brain abscess.

The Graduate Nurses' Association of Thunder Bay contributed twelve dollars' worth of made-up bandage material to the Women's Patriotic Auxiliary of Fort William during the month of January.

The regular monthly meeting of the Alumnae of the Ottawa General Hospital was held Friday, February 5th. After the regular business was disposed of, discussion re a Valentine party took place. It was decided to hold one on February 13th, in the Graduate Nurses' Clubhouse.

Mrs. S. O. Hogan, of Edmonton, paid a flying visit to Ottawa during December. Her many friends, both in the hospital and city, were pleased to welcome her. Mrs. Hogan is a graduate of O.G.H.

A number of the doctors and nurses, beside many personal friends, were at the Central Station Thursday night to wish Miss Riordan good-bye and God-speed. Miss Riordan is the first graduate of the O.G.H. to leave for the front.

Miss A. Turcotte (O.G.H.) has returned to town after an extended visit in Pembroke.

We are pleased to report that Miss Lillie Smith, Graduate of Grace Hospital, Toronto, is convalescing after a critical operation.

Miss Helen Fowlds, graduate of Grace Hospital, Toronto, Class '13, left Ottawa on February 4th for Halifax, on her way to active service in England.

Reverend Mother De Pazzie, for the past seven years Librarian at St. Michael's Hospital, Toronto, died suddenly on January 28th. Previous to assuming her duties at the hospital Mother De Pazzie was for eighteen years Mother Superior of St. Joseph's Community. She will be greatly missed by all who were associated with her.

The Sisters at St. Michael's Hospital are still busy with their grey knitting. Since the beginning of the war every spare minute has been spent making comforts for our soldiers.

The Alumnae Association of St. Michael's Hospital held their regular meeting on Monday, February 8th, in the lecture room of the hospital. The President, Miss Stubberfield, presided. There was a good attendance, and much business was disposed of.

Miss Dolan very kindly gave a few vocal selections.

Miss MacDermid, graduate of the Toronto Western Hospital, who has been doing private nursing in Vancouver and other Western cities, has returned to Toronto.

Miss Neelands, graduate of Toronto Western Hospital, who has been nursing in the West, has returned to Toronto owing to ill-health, and is a patient in the Alumnae Ward of the T.W.H.

The second meeting of the Kingston Chapter of the G.N.A.O. was held in the clinic room of the Empire Wing, Kingston General Hospital, on Thursday afternoon, February 4th. There was a large attendance, several new members joining.

Miss Milton was in the chair and explained the work and object of the Association in a very able manner.

Rev. Dean George L. Starr, Dean of Ontario, who has but recently returned from France, gave a very interesting and instructive address on the war and his experiences while at the front. During the course of his address he showed several trophies he had obtained during his travels. Among them were the Iron Cross (taken off a dead German), the Victoria Cross, the Legion of Honor, pieces of shell, ammunition, etc. He told about his experiences in the hospitals, saying what seemed to him most striking was the air of cheerfulness which prevailed in

the wards, and the sympathy and kindness of the nurses. In one hospital he visited everybody seemed so happy and cheery, he said, as he entered a ward: "Oh, you fellows are having too good a time, you should all be back at the front." One young fellow called out laughingly from his bed, waving the bandaged stump of an amputated leg: "Oh, sir, I gladly would if it weren't for this." The speaker gave great praise to the British and Canadian Red Cross workers.

The gathering then adjourned to the Nurses' Home, where tea was served. Mrs. Geo. Nichol and Mrs. S. Campbell were in charge of the tea table, which was centred with a bowl of red and white carnations on a red cross.

Miss Brebner rendered several patriotic vocal and piano solos in a delightful manner.

Miss Grace Hiscock (Clifton Springs) and Mrs. Geo. Kidd (nee Miss Lulu Hatey, K.G.H.) have returned to Kingston from Quebec, where they have been taking the military course.

The Kingston Alumnae are busy making bandages and other supplies for the Red Cross Society.

Miss Wren, Superintendent of the G. and M. Hospital, St. Catharines, entertained the Alumnae and their friends on the evening of January 10th, when dancing and cards were enjoyed. All had a very enjoyable evening and greatly appreciated the kindness of Miss Wren.

Miss Cora M. Pike, graduate of G. and M. Hospital, St. Catharines, Class '14, has returned to the city to do private nursing.

The monthly meeting of the Central Registry Committee was held at the Toronto Graduate Nurses' Club, 295 Sherbourne St., on Monday, February 1st, at 3 p.m. The convener, Miss Wardell, presided. Fourteen members were present. Three applications were considered and accepted. There were 291 calls for January, 155 of which were to the hospitals of the city.

Receipts for the month—members' fees, $315.00; sale of charts, $6.60—$341.60.

Expenditure—$172.45; to Extension Fund, $300.00—$472.45.

Total balance—$1,640.54.

Miss J. M. Elliott, graduate of Toronto General Hospital, and Miss Fowlds, graduate of Grace Hospital, Toronto, sailed from Halifax on February 7th for the war zone.

Miss Hutton, graduate of Royal Alexandra Hospital, Fergus, has accepted the position of head nurse in Welland General Hospital.

Miss Pringle, graduate of Toronto Western Hospital, has gone to Port Hope Hospital for night duty.

Miss Mitcheson, graduate of Laura Franklin Hospital, New York, has accepted a position in the New York Nursery & Child's Hospital, New York.

Miss Jessie Ferguson, graduate of Clifton Springs Sanitarium, has returned there to do special duty in the hospital.

Miss Nicol, graduate of Riverdale Isolation Hospital, Toronto, is now in a position in the Babies' Hospital, New York.

Miss Oram, graduate of Toronto General Hospital, is in charge of a floor in the private pavilion of Toronto General Hospital.

Miss Mary Johnston, graduate of Hamilton City Hospital, who has been in Grace Hospital, Toronto, for several weeks, suffering from typhoid fever, is now home and, we are pleased to hear, is on a fair way to recovery.

The increased accommodation for the nurses of Brandon General Hospital adds greatly to the comfort of the staff. The building cost $15,000.00.

A second hospital has been opened at Exhibition Camp, Toronto. The Toronto Ladies' Liberal Association had charge of the furnishing, in which sister associations in Ontario assisted.

The new hospital has been carpeted with matting, and mats placed at every bedside. Dainty curtains soften the light of the innumerable windows. Many of the cots are made private by screens, and made comfortable by bed rests, invalid tables, waterproof sheets, fracture cradles and metal foot warmers. For all patients pyjamas, khaki jackets, bed socks and wrappers have been provided, and for those able to sit up large easy chairs and cushions. Two huge porcelain baths have been installed. Sufficient china, glass, cutlery, spoons, forks and trays, as well as nearly all the cooking utensils, were given. All the Toronto daily newspapers, a large library of books and magazines are to be found on neatly covered tables, as are writing materials, games and cards.

Hamilton: Sincere sympathy is extended to Miss Hill on the death of her mother, and to Miss Mc. McColl on the death of her sister.

Mrs. King has finished her post-graduate course at Mount Sinai Hospital, and is doing settlement work in New York.

Miss Bessie Sadler, who has been ill for several weeks, is at present a patient in the City Hospital. We hope to hear of her speedy recovery.

Miss Ethel Brennen, who has been for some time in the West, has returned to the city to take up private nursing.

Miss O. Watson, who was operated on at the City Hospital two weeks ago, has fully recovered.

Miss Brooking, of the Alexandra Home for Girls, addressed the Public Health Nurses' Association, Toronto, on the work in which she is engaged.

This home is for delinquent girls who, for some reason or other,

have come under the notice of the proper authorities; girls who are mentally and morally, and consequently physically, unable to cope with surrounding conditions and have broken the conventional laws of society in such a way that the public demands their restriction.

These children come principally from the slums of the city or the wilds of the country. In very few instances do we have any from a small community or village. In the slums poverty is very acute and overcrowding prevalent, and the standard of living becomes very low with its accompanying immorality. The children are under-nourished, even before they are born, and are allowed to grow up without any moral training and are undeveloped mentally.

In the remote country places conditions are different, but the results are the same.

Abnormal humanity, because of failure to cope with the difficulties of competing with their more shrewd fellow creatures, get tired, and drift to these places where they can subsist in misery and wretchedness and immorality until some episode arises, some horror awakening us to the menace, and punishment results. The source of this evil is very prolific—the supply being greater than the forces at work, and we have bad conditions to face.

These schools are handicapped from lack of room, one of the first requirements being that these girls have separate rooms. At present, the single bed accommodation numbers one hundred and ten, and there are one hundred and twenty girls, so it is necessary that the least harmful cases be put together. If there were more beds they would be quickly filled, but for lack of means and workers these problems cannot be dealt with adequately, and in the meantime criminals are breeding.

Good results are hard to obtain and hold, because of the ancestry being so low. We find sixty per cent. undernourished. While hunger is stilled, the necessary amount of nourishment isn't obtained.

When these children come to the home, absolutely neglected, physically and morally, and are mentally deficient, it is difficult to make them strong enough in their own poise to withstand the temptations of the world when, at the end of two years, their term of isolation has ended.

We at once try to improve them physically by beginning normal child life with over-abundance of sleep, change in the daily routine, and good wholesome food.

They rise at half-past six in the morning; breakfast, attend prayers; perform the morning chores assigned them—practical work for part of the day and study part of the day. They have one and a half hours' recreation in the middle of the day. They walk in the fresh air from four to half-past five in the afternoon, then have supper

and another hour's recreation, when they may read, sew, play games, etc. An officer is always in charge directing, controlling and assisting. They then have an hour's study, and retire at half-past eight.

Invariably, we find these children have to be trained to like these innocent games.

They are given a training in domestic work, the different departments being carried through the whole routine of work. Girls who show special ability for any special line of work are given a chance to prove their efficiency, and often girls leave the institution mistress, to a great extent, of some chosen work. Several girls in our large departmental stores are girls who have risen to the occasion of earning their livelihood in a modern way.

When a girl is ready to leave the home, great stress is laid on the selecting of a home for her—one that tends to lead to a normal life and raise her standard of living.

This work should be brought to bear more on the minds of the public, moulding them so that more adequate means of dealing with the individual may be maintained both during the period of isolation and freedom. Until the veil is withdrawn, conditions and not individuals will be most helped.

Quebec

The Annual Xmas Tree of the Jeffery Hale's Hospital, Quebec, and the graduating exercises were held as a combined entertainment the evening of December twenty-second, in one of the wards of the MacKenzie Memorial Wing, which was prettily decorated with flags and ferns for the occasion. After a short programme, consisting of a piano solo, song, and recitation, Dr. Carter addressed the graduates, complimenting them upon their good work and success while in training and encouraging them in their future work. Mr. and Mrs. J. T. Ross presented the diplomas and school pins, after which the Rev. Mr. Perry addressed the graduates.

Santa Claus then came upon the scene and all had a merry time while he distributed the numerous gifts. Refreshments were served and a very jolly evening ended up with the usual dance.

The graduates are: Misses Ida Crompton, Hilda Stevenson, Emily Lenfesty, Winnifred Winterbourne, Anna Davis, Elsie Walsh, Grace Matthews, Marjorie Woodley, and Ethel Forrest.

Among the nurses who went to England with the first contingent were the following Jeffery Hale's graduates: Misses Daisy Binning, Elizabeth Ponting, Mabelle Jamieson, Bertha Cromwell, Elsie Leslie, Effie Dixon, and Mrs. F. Frew.

A civic hospital, to cost some $100,000, is in course of erection at Quebec. There will be accommodation for forty-four patients. Spe-

cial balconies are being erected at the north and south ends, which will enable visitors to see patients without fear of infection. The hospital, which will be one of the most handsome structures of its kind on the continent, will be opened about the middle of April.

Miss F. M. Shaw has returned to Montreal.

Miss Lily Carter, M.G.H., class '12, is taking a military training in Quebec.

Miss M. V. Young has returned from England and is living in Quebec.

The formal opening of the new Foundling and Baby Hospital, St. Urbain St., Montreal, took place on January 30, 1915, when the celebration took the form of a "Parcel Tea."

The new hospital is fireproof and most modern in every way.

In the basement is a large milk station, in which, eventually, it is hoped, a large part of the milk for the city milk stations will be prepared.

On the first floor are the Superintendent's suite, two wards for private patients and special cases, the board room, day and night nurseries, observation ward, isolation ward, operating rooms, and head nurse's room.

On the second floor are four large wards for small babies, two semi-private wards, and a solarium, 10 ft. x 50 ft., at each end, out into which the cots may be wheeled each day.

The third floor is devoted to the nurses' bedrooms and sitting room, and the servants' quarters.

The hospital has accommodation for one hundred and twenty beds.

The Training School for Infants' Nurses, in connection with this hospital, has for a number of years been a great boon to mothers in Montreal who needed the services of an infant's nurse.

The cornerstone of a new hospital at Millville, N.J., was laid on January 17th. This new institution was given birth through the personal efforts of Mr. Dix, who donated $10,000, with the understanding that the town of Millville was to raise $20,000 in addition.

The movement afterward received the co-operation and assistance of other well-known citizens of the town.

The hospital is planned along the most modern lines and will accommodate thirty-two patients. The equipment is of the most modern type.

Mr. Henry A. Dix, who made this new hospital possible, is head of the house of Henry A. Dix & Sons Co., manufacturers of the well-known Dix-Make Uniforms.

TRUE DEEDS OF HEROISM

The Canada Lancet, speaking editorially, has the following under this heading:

"We are not going to discuss what courage is. Many learned theories have been advanced, but the one we are concerned with for the moment is that members of the medical and nursing professions have exposed themselves to extreme danger in the discharge of their duties.

"Army surgeons have gone into the trenches of the allies in order to render first aid to the wounded, and have suffered heavily for their bravery and devotion to duty. Nurses have, on many occasions, remained at their posts within the range of the enemy's fire, and have attended the sick and wounded in buildings that were exposed to shell fire, making heroic efforts to have their patients removed to points of safety. For such acts a number have already won national recognition, and have been honored with various titles.

"While war brings out some of these high and noble qualities, it has also revealed some of the basest that can be found in human nature. There are many well-authenticated instances where Red Cross nurses have been fired upon, mutilated and imprisoned because they aided the wounded of the opposing army."

KEEP GOING

When one task is finished, jump into another. Don't hesitate. Don't wait. Keep going.

Keep going. Doing something is always better than doing nothing.

For activity breeds ambition, energy, progress, power. And hesitation breeds idleness, laziness.

Save the half hours that are wasted in waiting. Take time once for all—the best hour of the twenty-four—to plan ahead. Then keep to schedule. That is the secret of system. Keep going.

BIRTHS

At Winnipeg, Man., on January 10, 1915, to Mr. and Mrs. J. H. Greene, a daughter. Mrs. Greene (nee Laura Sinclair) is a graduate of St. Boniface Hospital, class '10.

At Weston, Ont., on January 13, 1915, to Mr. and Mrs. Scythes, a daughter. Mrs. Scythes (nee Tompkins) is a graduate of Toronto Western Hospital.

THE NURSES' LIBRARY.

The Canadian Woman's Annual and Social Service Directory. Edited by Emily P. Weaver, A. E. Weaver, E. C. Weaver, B.A.

McClelland, Goodchild & Stewart, Toronto.

It is impossible in a few lines to give any adequate idea of the vast amount of valuable information presented in the 320 pages of this 12mo. volume, the first of its kind. Every branch of work in which women are interested is treated and all available data given. No worker now need wonder what women in other places are doing. The information and data you require are all here. Social Service workers, especially, will appreciate this volume. Its price is only $1.00.

Lectures to Nurses. By Margaret S. Riddell, Assistant Matron the Royal Hospital for Sick Children, Edinburgh, late Assistant Matron Chelsea Infirmary, London; Certificated by St. Bartholomew's Hospital, London; and late Lecturer in Nursing at the Southwestern Polytechnic Institute, London. Profusely illustrated. Price 3/6 net.

The Scientific Press, Limited, 28-29 Southampton Street, Strand. London, W.C., England.

This volume contains three courses of lectures, one for first-year, one for second-year, and one for third-year pupils. The courses are complete and well arranged.

The Fourteenth Annual Report of the Canadian Association for the Prevention of Tuberculosis has been received. The report embodies the transactions of the Annual Meeting at Halifax, N.S., in July, 1914. The excellent and enlightening papers will be read with interest. The great strides made in combatting tuberculosis are indicated in the report of the Executive, whose educational work has been carried on with such vigor and marked success.

A copy of the report may be obtained by writing the Secretary, Dr. George D. Porter, Bank Street Chambers, Ottawa.

Obstetrical Nursing. A Manual for Nurses and Students and Practitioners of Medicine. By Charles Sumner Bacon, Ph.B., M.D., Professor of Obstetrics, University of Illinois and the Chicago Polyclinic; Medical Director, Chicago Lying-In Hospital and Dispensary; Attending Obstetrician, University Chicago Polyclinic, Hernotin, German and Evangelical Deaconess Hospitals. 12mo, 355 pages, illustrated with 123 engravings. Cloth, $2.00 net.

Lea & Febiger, Publishers, Philadelphia and New York, 1915.

The author treats his subject very fully and gives the nurse the clear and definite information she needs to enable her to be an efficient assistant to the physician, nor need she be at a loss should she be alone

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with her patient at delivery. Graduates will find here a real mine of information on this subject.

These two tiny 6d. books have been received from The Scientific Press, Ltd., 28, 29 Southampton Street, Strand, London, W.C., England—**The Midwife's Pocket Encyclopaedia and Diary,** and **The Nursing Mirror, Pocket Encyclopaedia and Diary.**

A Complete Handbook of Midwifery, for Midwives and Nurses. By J. K. Watson, M.D., Edin., Author of "A Handbook for Nurses," "Examination of the Urine," "Wounds and Their Management," etc.

Third Edition, thoroughly revised. Over 150 illustrations. Price 6/- net.

The Scientific Press, Limited, 28, 29 Southampton Street, Strand, London, W.C., England.

This is a very complete treatise on this subject. The author believes "that the midwife who has taken all pains to become as conversant as she can with the theory of the subject will be more ready to appreciate her own dependence on medical assistance in times of difficulty and complexity, without forfeiting her powers of self-reliance and resourcefulness than she who has contented herself with acquiring the minimum amount of knowledge which may allow of her being certificated."

A little knowledge in this, as in other things, is dangerous. A nurse specializing in this branch will find this book very helpful.

DEATHS

On January 8, 1915, at Brooks, Alta., Mrs. Charles Anderson (Pearl Shatford), graduate of Grace Hospital, Toronto, class '08, after a long and trying illness.

At McKellar Hospital, Fort William, Ont., Miss Sherrat, member of the Graduate Nurses' Association of Thunder Bay District.

At Fergus, Ontario, on January 22, 1915, Miss Harriet I. R. Green-Armytage, graduate of Toronto General Hospital, class 1894.

On January 24, 1915, at St. Luke's Hospital, Chicago, Miss Margaret Edith Johnstone, Directress of St. Luke's Training School,

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